



**Wastewater Billing Office**

City of West Lafayette  
711 W. Navajo Street  
West Lafayette, IN 47906  
Phone: (765) 775-5140

Email: [utility@westlafayette.in.gov](mailto:utility@westlafayette.in.gov)

## ADJUSTMENT REQUEST FORM

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

Reason for request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If applicable:

Date repairs were made: \_\_\_\_\_

Who made the repair: \_\_\_\_\_ (Copy of repair receipts must be attached)

**Submit completed  
information by  
mail or email to  
Wastewater Billing Office**

For Office Use Only

Type of request: \_\_\_\_\_

Date received: \_\_\_\_\_